

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 164090

1. Entity Name
LAUREL HOMES, INC.



Principal Place of Business
**150 OXFORD RD, SUITE 140
P O BOX 300789
FERN PARK, FL 32730-7789**

Mailing Address
**150 OXFORD RD, SUITE 140
P O BOX 300789
FERN PARK, FL 32730-7789**



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0634185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, IV, JOSEPH
150 OXFORD ROAD
SUITE 140
FERN PARK, FL 32730**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000903593
04/30/08-80053-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD RIDGWAY, JANET L 150 OXFORD RD SUITE 140 FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ROBINSON, JOSEPH D, IV 150 OXFORD RD SUITE 140 FERN PARK, FL, FL 32730
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DAS ROBINSON, LAURA CARROLL 150 OXFORD RD SUITE 140 FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD ROBINSON, PETER G 315 GREYTWIG RD. VERO BEACH, FL 00000.
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V ROBINSON, DEEELLEN 315 GREYTWIG RD VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 APRIL, 2008

Date

407-831-2211

Daytime Phone